

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. <b>10/049 090</b>	FILING DATE
						APPLICANT(S)	
CLAIMS							
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		51
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
2							52
3							53
4							54
5							55
6							56
7							57
8							58
9							59
10							60
11		1					61
12			1				62
13			1				63
14				1			64
15				1			65
16				1			66
17				1			67
18				1			68
19				1			69
20				1			70
21				1			71
22				1			72
23				1			73
24				1			74
25				1			75
26				1			76
27				1			77
28				1			78
29				1			79
30				1			80
31				1			81
32				1			82
33				1			83
34				1			84
35				1			85
36				1			86
37				1			87
38				1			88
39				1			89
40				1			90
41				1			91
42				1			92
43				1			93
44				1			94
45				1			95
46				1			96
47				1			97
48				1			98
49				1			99
50				1			100
TOTAL IND.							TOTAL IND.
TOTAL DEP.							TOTAL DEP.
TOTAL CLAIMS		10					TOTAL CLAIMS